

## The Howard Department of Neurology and Psychiatry

ERNEST Y. WILLIAMS, M.D.

*Professor and Head of Department*

THE history of Department of Neurology and Psychiatry goes back to two stalwart men who with greatest dedication and spirit forged two separate divisions of instruction in Howard Medical School, with little more than their personalities. They were Drs. Benjamin Karpman and Ferdinand D. Whitby.

The personalities of these men differed, but they were much alike in their intense desire to disseminate knowledge. Probably none at that time found greater pleasure than when before a class of medical students.

### BENJAMIN KARPMAN

Ben Karpman was an outstanding psychiatrist, prolific writer (author of 200 articles) and an excellent teacher. He knew how to bring the most out of his students. While a hard task-master, he caused many to like psychiatry and brought them to see to its value in the life experience of the physician.

He saw in man more than the flesh. He saw the personality-complex, the problem-God in Man. He taught us to like people, work with them, study them. Histories 40 to 60 pages, then unheard of, met his needs. He saw in man a purpose to build something useful. He saw himself as one to teach and give of self and no one gave more freely. He was always ready, once the students were ready, to discuss psychiatry. He taught me principles of writing and I later contributed toward two of his books.

Next to St. Elizabeth's Hospital his love was Howard University Medical School. He taught for the love of it. Enshrined in the hearts of all his students was his dysarthric speech, through which he communicated a most enlightening knowledge of principles of psychiatry.

Dr. Karpman was a giant of his day. If he had a weakness, it was possessiveness as to psychiatry. He wanted everyone and everything to blend to give only to this one area. He became eventually a slave to this zeal. A better and more admirable teacher and man could scarcely be found.

He enlisted my interest in psychiatry as a career

and I was dispatched to New York to study psychiatry at the New York State Psychiatric Institute and return to Howard University to assist Dr. Karpman, the professor of psychiatry and Head of the Division of Psychiatry. This was from 1931 to 1933.

Upon returning to Howard in 1933, Dr. Karpman felt that I had had excellent training and should be put to work immediately. In fact, as early as the first year he advised my recall. The dean, Dr. Numa P. G. Adams, a man of great vision and perspective, saw the necessity for specialists. I was allowed to spend four months each year in New York to continue my studies once the University did not have to pay for this. This continued until 1939 when the American Board of Psychiatry and Neurology decided that my training was adequate. Unfortunately this caused a strained relationship with my Chief who felt the Dean was too lenient and that this amount of training was not necessary. It did permit me to become qualified and Board certified in 1941.

In 1940 Dr. Karpman retired and I fell heir to the world he had developed. I worked and worked believing that only in this way could I be worthy of the heavy mantle I inherited. One of his admonitions was that I should write because I had a good style.

Towards the close of my junior year in the College of Medicine I had been advised by Dr. Karpman that I had unusual skill with psychotic patients and showed much empathy. He then took some twelve histories I had written up to this time and gave them much study.

The class of '30 was the first class in Howard University to start psychiatry in the second half of the sophomore year. At this time 1928, most schools gave only a few lectures in psychiatry. Dr. Karpman persuaded a willing Dean that the emotional side of man influenced his physical state and vice-versa and that more time be given to psychiatry. This was a truly successful venture as our students from that period got a different concept of medicine.

In 1934 the Dean thought he would persuade

the President to erect a Neuro-Psychiatric Institute where the present Freedmen's Annex is now located. The numerous cases of tuberculosis in D.C. at that time were such that the late Rev. Wiseman and Congresswoman Mary Norton were able to bring enough pressure on the Congress to get a building erected for the treatment of tuberculosis with Dr. Howard Payne as its director.

In the expansion of the training program of the Medical School, Dean Adams started with Neurology and Psychiatry before any other clinical areas. In 1940, psychiatry was stymied by the death of Dean Adams.

Dean Adams early realized that my initial multiple assignments were too much for one person. He then brought in Dr. Justin M. Hope, a graduate of the University of Pennsylvania Medical School, and who was trained at Iowa, Western Reserve and Harvard. Dr. Hope was an excellent and inspiring teacher. His ideas and plans for a Department of Neurology and Psychiatry took him far and wide, like mine, and we strove to secure funds for developing a first class service that might be in many areas comparable to the areas where we were trained.

Three physicians at this stage who gave us much encouragement were Drs. F. Powdermaker of New York, D. Blaine of the V.A. and Hamilton of the Public Health Service.

Efforts to get aid from merchants of the city were no less important. We received \$3,000 for research from some and furniture and equipment from others.

Eventually the tide changed. The National Institutes of Health were established and we were among the first knocking at their doors for aid. It was soon decided we were not eligible for aid because of the special relation of Howard University to the Federal Government. Dr. Hope and I began to study this problem and interested Dr. Dale Cameron, then assistant director of N.I.H. who with Dr. Hope spent two days studying the history of Howard University. After this study it was decided that we were eligible for grants and thus the whole University also.

Dr. Hope was disappointed in the small size of the grant given to us and became disappointed and frustrated over the pace at which we would be compelled to move. He then decided he would go to Worcester State Hospital, Massachusetts, to do more research and to return later. The progress

was slow and thus Dr. Hope never returned. He became a member of Tufts Medical School faculty in psychiatry. In the meantime we realized that we had to expand and continue to do so without seeing where the funds would come from. For this purpose we secured for return to us training for Dr. Charles Wilkinson at the University of Colorado Medical School, Dr. J. Waters at the University of Pennsylvania and Columbia, and later Dr. Edward Rickman at Howard and Kings County Hospital, Brooklyn.

The salaries offered these men were meagre. The mantle of both Dr. Hope and Dean Adams now fell on me. Poor salary soon caused two of the most valuable men to be lost, Dr. Wilkinson and Dr. Waters. We never fully recovered from this loss.

In addition, we had an excellent social worker trained for a doctorate by N.I.H. Again, we could not get the funds to re-employ her and our educational program suffered.

About this period we were able to secure the services of an excellent neurologist, whom we lost because of living conditions and very low salary. So able was Dr. Ralph Kennedy that today he is the Deputy Director of Mental Hygiene for the State of California.

We did not have a Residency Program, but each year students interested in training were placed by me with outstanding men as residencies for Negroes were still few. Charles A. P. Brown, C. V. Charles, Prescott, Jaime, Charles Pinderhughes were men we assisted in getting residencies.

We started a two year residency in Neurology from 1947-1954 and thereafter, a three year residency in Psychiatry. Even then we could take only one or two doctors, while 16 to 18 of some classes were going into psychiatry. We have seen many of our students take other residencies only to return and take psychiatry.

During these years we not only lectured on psychiatry, but preached the idea of the value of psychiatry in medicine as well as a specialty field. This we believe paid off tremendously.

#### FERDINAND DEMANDER WHITBY

Dr. Whitby was a contemporary of Dr. Karpman of milder disposition, he was equally an eager teacher, always willing to go to the bedside to demonstrate bedside manner and technique. As a neurologist he was a great teacher and often

drew many to his expositions.

It was his desire also to do research. While his efforts were limited because of lack of help or beds, he was a man with an eager desire to write. I was once amazed when invited to his library in his home to see the number of papers he had written and never published. He had the philosophy that often too many professors rushed their data into print too early.

But Dr. Whitby was not satisfied to be a neurologist. He also expressed the sense of being a psychiatrist. On many occasions he testified in court as an alienist.

Hypnosis was one of the areas in which he had an avid interest, and often had large audiences as he demonstrated his techniques. Dr. Whitby like people and was a professor who was always close to his pupils. No teacher at that period maintained a closer relationship. About 1938, Dr. Whitby retired, believing he saw in me someone who could carry on the ideals he cherished.

In spite of his meagre salary he awarded annual prizes from his pocket to students who showed promise in neurology. All loved and admired him.

#### JUSTIN MERRILL HOPE

Here was the teacher above all the man whom 'Arnold of Rugby' would have considered 'the man to steal the minds of youths and mould them into a formidable instrument' for the good of man. He was a man who would spend hours in preparing his lectures, his expressions and the gestures that would accompany them. Here was a man who carried through these ideas that teaching was a profession, had definite techniques, and believed that getting students to become involved in the area discussed was the highest achievement of the teacher. Students taught by him whether at Howard, Harvard, Boston University or Tufts, all spoke reverently of Justin Hope the teacher.

While he lectured in psychiatry he preferred to work in clinical neurology with students. This placed me in an excellent position to teach from 1941-48, and worked tremendously hard with the idea that someday we would be able to develop a Department of Neurology and Psychiatry.

Dr. Hope later secured an offer of funds from Veterans Administration to treat patients for them. Because of the nature of the task to be performed, it was not accepted. We then contacted several areas in the city and wrote several organizations

soliciting aid. When the results were so meagre Dr. Hope decided that he would go way again to do research and so went to Worcester State Hospital to do work in endocrinology and later went to Tufts in charge of psychiatry.

He eventually came back to spend his last years. He was too sick to continue, and had to retire after a few months.

Here was a great and inspiring teacher, one who worked for the good of the student, and enjoyed his role as a teacher. This loss was enormous.

#### CHARLES B. WILKINSON

In the early development of our effort, it was important to decide on the course of action. Dr. Hope and I had weekly meetings, anywhere, sometimes at baseball games of which he was very fond.

We decided early that one of us would continue to search for funds while the other would search for talent. We were aware quite early of the possibilities in psychiatry and neurology and also realized that we would not be able to handle the volume that we anticipated.

He decided upon the men whom he felt would be of value in the enterprise. His first selection was Dr. Charles B. Wilkinson. After our discussion, the next task was to find an area where he could be adequately trained. In this respect we had the cooperation of Dr. R. Felix, Chief of N.I.M.H., who not only approved our selection, after his own evaluation, but further selected a place where he might get this training and supplied us with funds for his training. Dr. Felix went further. He constantly reviewed.

Dr. Wilkinson was a strong and aggressive teacher, who showed great interest in the results of his work. He was always checking on himself to be sure what he expressed and taught us was fully understood.

He was lost to the United States Army. When he was discharged, he found employment elsewhere because our salary scale had not improved.

#### JOHN WATERS

About the same time that Dr. Hope discovered Dr. Wilkinson, he also reported a second discovery, Dr. John Waters. He was regarded as a theoretician, a man who would study and evaluate all that we were doing, and would then set the things in their true perspective. Dr. Waters was extremely fond of experimentation with both pa-

tients and teaching methods. He was trained at Columbia, Pennsylvania and Worcester State Hospital and he had a good cross-section of the patterns of many schools.

Dr. Waters was an excellent teacher, who not only showed tremendous promise, but did much original thinking.

#### EDWARD RICKMAN

The last of three recommended by Dr. Hope was Dr. Rickman, who served part of his residency here, and later at King's County Hospital, New York, where he completed his studies and returned here.

An exceedingly likeable person—he soon was able to win considerable strength by his soft and polished manner rather than by any abruptness of approach. The students soon were won over to him and his methods and soon became an effective teacher. In 1965, the current dean using his administrative rights made changes in this Department that transferred to Dr. Rickman the complete functioning of this service, without notice to me.

In the years to come, as the two senior members Doctors Wilkinson and Waters went elsewhere, their places were taken by Doctors Rickman and also Bowie.

#### ZELDA BOWIE

Dr. Bowie came to us through a residency. But she had had much experience at Tuskegee, Lakin, West Virginia, Taft, Oklahoma, and Homer G. Phillips, St. Louis. Therefore we succeeded in bringing someone into our teaching staff who had the basic clinical studies already completed.

Dr. Bowie showed great capacity for work and organization. Indeed she made the clinic organization work for the first time. She showed much resourcefulness and skill, and above all proved to be a good and effective teacher. No one in this department through the years has carried a heavier work load, and with such cheerful spirit. Dr. Bowie is also one of our best informed teachers and as a clinician has great acumen and skill.

#### LATER DEVELOPMENTS

Areas of importance in our growth have been: 1) grants, 2) teaching program, 3) research and 4) personnel. Our teaching program was extremely limited not because of lack of ideas but because of lack of funds.

Eventually some help came from the Council of N.I.M.H. in form of tuition for four medical students to provide assistance by reviewing articles for teaching purposes or bibliographies where needed. At present this has been increased to tuition for 16 students.

Many years later a fellowship was established by N.I.M.H. for doctors who were interested in psychiatry and who had been in practice for over four years. These paid the equivalent of \$12,000 per year, though it started at lower figures. We have been fortunate in securing four such positions.

Evidence that the training of medical students for the first two years was not satisfactory was brought before the Council of N.I.M.H. Grants termed "Behavioral Grants," were then offered to medical schools to improve the lot of the first two years. Some schools developed divisions of Behavioral Science as did Northwestern University and Harvard.

Here again we were given such a grant, though this was not used solely for the benefit of medical students. The N.I.M.H. did suggest, if the use was not satisfactory, that such a report would be accepted and that this could be corrected, but this was never presented.

After spending many years trying to develop this service to its full potential, eight medical schools were visited and over 20 heads of departments interviewed. Laboratory for research and teaching in the first two years was noted to be in vogue in many medical schools. Such aid was discovered by getting help from Dr. Mason, Chairman of N-P research at Walter Reed. He was able to allow us \$100,000 a year for five years to assist him in his program, and at the same time help us to develop adequate laboratories for teaching design. Our grants for teaching and research were around \$250,000 per year.

In neurology we have not been as fortunate, nor have many schools in the U.S. As a result neurology fell back all over the U.S. in all medical schools. Today neurologists are secured only with greatest difficulty. As a result we were never able to move neurology. More recently we have been offered a grant of \$25,000 with which to help to secure a neurologist. This still has not been a very successful venture.

We started out in 1938 with a neurological limit; but as time went by, such cases became fewer and fewer as psychiatric cases increased.

Further, only funds for resident training in neurology were available and these residents had to give the assurance they would accept academic positions. Neurology, therefore, with a less liberal policy fell behind at every level, so that its pre-World War II level was never again reached.

There were several other ways that grants in psychiatry could have been secured. It was advised that the University secure the services of other full time personnel so as to free the head of the Department to devote more time to this area. This step was not followed and other grants were never attempted.

#### TEACHING PROGRAMS

The teaching program at Howard University Medical School had the visionary and prophetic planning of Dr. Ben Karpman. While today we have instituted many changes, his broad vision of philosophy still remains the cornerstone of our methodology.

It was his belief that students should be trained above all to like people so that understanding them would be easy and therapy, unquestionably effective. While we have departed from this policy, so far, none of the newer techniques has been any more effective than his.

When Dean Adams entrusted this program to me in 1938, he outlined a broad-base on which he hoped to see psychiatry developed. At the time of his untimely death, in 1940, we had spent five months working on plans. Dean Adams was not satisfied to be presented with a plan, he wanted to participate in the planning itself.

There were no funds. Not until about 1947, some seven years later, was a ray of hope entertained.

In 1948, grant funds were made available. A teaching program was submitted. But the late Dr. Seymour Vestermark, now in charge of training grants, advised that efforts he made to make out a program after studying available patterns elsewhere.

A study of psychiatric programs of eight schools was assessed and a program outlined. This outline was so effective when presented to Dr. Vestermark that I was invited to the First Cornell Conference in Ithaca, 1952, where this was presented and well received. As a result many Departments later sent to us for copies of our teaching outline for medical students. The biggest boost we received was

that given by the late Dr. Alan Gregg, President of the Rockefeller Foundation. He praised this report, befriended me from that period till his death.

Teaching became a compulsive feature. There was so much to be done and so few to carry out this work. It was designed to cover all four years. The year—growth and development and the inter-relationship of psychiatry to other pre-clinical fields stressed.

The second year was spent in preparation for the clinical aspects to be followed in the third year. Consequently, the hereditary aspects (genetic factors, physiologic, pathologic, psychopathologic, ecologic) were evaluated as was some study of the community and community problems as they affect people (environment); all were here interpreted in terms of illness. Medical psychology, too, was added. The nervous system and its relatedness to mental illness and neurologic illness (inter-relationship) was also studied.

This basic experience was put to work in the junior year where history taking, diagnosis and evaluation, the understanding of psychosomatic affliction, the assistance in psychopharmacology and internal medicine—all helped to give the junior student a good knowledge of the physical features and the application of other data. The nervous system and its role is well outlined and established.

Lectures on the nervous system, basic features, in the junior year help the student to understand also the nature of disease. Medicine as a science and also as a practice or skill is introduced.

The senior year finds the medical student relating his knowledge to his environment in the out-patient clinics with the help of social service who now acts as his resource person. The student is able to study his environment and he is encouraged to see the homes of some of his patients so that he could get a true picture of the setting with help of social service.

The growth of our service was relatively slow. It remained a Division until 1957 when it was given Department status after strong representation, including tremendous support from Dr. Robert Felix, Director of N.I.M.H. and the late Dr. S. Vestermark, his able associate.

In the meantime, there came into being regional groups of professors of psychiatry (here southern professors of psychiatry). These men began to determine what sort of psychiatry should be taught in the South. Weaknesses in the teaching program

of schools were easily noted, and from the discussions and the chiefs of these services were able to strengthen their defects.

More recently the problem of community psychiatry has been discussed. There is no desire to participate in the present form—rather that Departments should continue to be part of medical schools and continue to produce good doctors. One physician remarked, "The community will never forgive us for not doing our duty in the medical school." This is yet to be resolved. In 1962 the Second Cornell Conference was held in Washington, D.C. to determine the sort of teaching that should be done for medical school and the residents. There were nine commissions set up and I was a member of one of the commissions. The type of program we had at Howard did much to influence the commission to make this appointment. Here again a sort of blueprint was made as to what was the minimal number of students which should be taught and the same for the residents.

#### RESEARCH

The nature of research, the quantity all have been limited because of the small staff devoted largely to teaching. This is an area that medical schools in the future might do well to pay more attention to. Professors who have teaching designs and who do effective teaching as evidenced by State Board Exams deserve as much credit as the professors who spend most of their time in the laboratory and at times give grudgingly of their time to teaching. Universities must upgrade the teaching process if they are to survive. Men who spend much time here can no longer be ignored.

Efforts to secure grants were not pressed because this would mean results would be related to time. Some of these result patterns have been going on for as much as 11 years. This brings up the need for small sums when needed. As a result I have had to finance my own research. I was able to get a sum of \$3000 by the president of Kahn Jewelers of the city when he was advised I supported my own research. This has been an excellent "stop-gap" and points to the need for small sums, \$300-\$500, to department emergency situations.

The knowledge in psychiatry is far, far less than that is now known about the medical-surgical-pediatric-gynecologic sphere. Nevertheless, we do know some facts from observation. The knowl-

edge of the C.N.S. in neurology is a bit more complete. These areas represent today the greatest areas of challenge. It seems likely that the new men recruited will and should have more than psychiatric knowledge so that they may be able to utilize this knowledge and bring it to bear on problems in general.

One experience of inestimable value was the research study of hypertension among Negroes (psychomatic aspects) at Oak Ridge Atomic Energy Plant, Oak Ridge, Tennessee. This study as well as the area of the study revealed some basic factors in this very interesting evaluation, which served to help in the understanding of the problem of the Negroes at this great arsenal.

I cannot close without pointing out the inestimable value of this area as a research area for the future. There are now 86 schools interested primarily in the conditions of about 160 million and two medical schools interested primarily in the conditions of about 20 million. The psychiatrist of the future must be a researchist because he will have the dubious problems of explaining many things where the Negro is concerned, be they physical or mental, genetically or environmentally determined.

Members of this staff must also be trained in some discipline other than psychiatry above so as to have much depth in approach to mental illness.

I have enjoyed this work, and but for the poor administration, thru the years it has been a most enjoyable experience. There was a time when I saw only two other persons beside myself at A.P.A. meetings. At the last meeting in Detroit, 1967, I saw a total of 63 Negroes at this meeting, 48 of whom came from Howard and all of whom I had had the pleasure of teaching.

#### PERSONNEL

In no area has there been such a poverty of understanding as there has been in this area. Administratively we have suffered severely for funds and this has reflected in the very small staff of full-time people who should have been recruited to formulate plans and direct the course this Department should follow. This has been the weakness of this Department through the years.

Former director of N.I.M.H., Dr. Robert Felix, has suggested again and again more fulltime men upon whom the burden of teaching would spread instead of upon one or two men. This is now in

the process of being implemented by the present administration.

The Divisions of Neurology and Psychiatry were united into the Division of Neurology in 1938.

Personnel added have been Drs. Claude Carmichael, Aubry Willaey and G. Bullock, none of whom were psychiatrists or neurologists. These were men willing and dedicated to serve. It did not take them long to adapt to their new environment. Trained personnel were not to be obtained.

Taking our problem to the city we went to the V.A. where Dr. Powdermaker (Columbia, N.Y.) promised she would help us with part-time personnel and recommended two able men to help us Dr. Dyrud, Dr. Jerome Frank who subsequently became professor of psychiatry at Johns Hopkins and Dr. Stavaren. These men served with us for a number of years with no salary. To them we owe much.

In the next phase the Dean Joseph L. Johnson suggested women for our staff and was able to recommend a classmate, Dr. Ruth Stocking, and Dr. K. Rice. These two women lectured, taught for extremely small stipends until illness forced the departure of Dr. Rice, Dr. Stocking retired to California. Added to this number was Dr. Juliette Simmons, a well trained person.

Dr. Miller came to us at a time when I alone, had to teach all lectures in neurology and psychiatry for all four years. He succeeded in delivering some of these lectures I had prepared and worked for two years giving almost one-half day per week at no salary. This sort of dedication and motivation has been never lost sight of. When the going was roughest, this was the only person available and helpful. The University owes him much.

Lastly, there came in another group of able men who had much to give and did. Dr. Robert Cohn, Naval Med. School, Dr. Edwin Weinstein, D.C. General; Dr. L. Kurland, N.I.H., genetics in neurology; Dr. Zappala, analyst; Dr. D'Amore, analyst; Dr. Cole, psycho-pharmacologist and Dr. Mason, an endocrinologist. These men enriched our service with balance and depth.

There was also a St. Elizabeth's group headed by Dr. Luther D. Robinson, which gave much time to our teaching but was short lived due to administrative changes.

Finally, there was the Fishman group. Dr. Fishman came to me advising me he had com-

pleted his residency and needed a position. He said he was told there was such a position. Being quite short of personnel the necessary recommendation were not checked or scrutinized as they should have been. Dr. Fishman brought a number of doctors (Solomon, McCormick, Sklarew, and Palombo). By this time marked changes in the composition of the Department had taken place. Dr. Rickman was now made chief of the Division of Psychiatry and I was advised I would be Head of the Department and chief of the Division of Neurology, a service with no secretary and only one member. The pattern of service gradually changed and has continued to change.

The service was offered to the Department of Public Health of the District of Columbia in return for which we would get an annual report of what had been done for our students and residents with no evidence of any controls set up. These changes were not accepted by the University.

There was also developed a group of young alumni who wanted to serve their alma mater, Drs. John Robinson, J. Blount (D.C. General), Kirby (Med. Clinics of D.C.), George McK. Phillips (superintendent, Crownsville State Hospital) and Leon Whitt, (Medical director at Crownsville). Here was a group willing to give so that this service might reach the people. The struggle and direction because of the many recent changes is not as clear as to what the present goals are. Time alone can now tell us as we live on a day-to-day basis.

#### NUMA P.G. ADAMS

No history of this Department would be complete without some statement of its chief architect, Dr. Numa P.G. Adams. While Dr. Ben Karpman could and must be considered the founder, its architectural design was that of Dean Adams.

This was all the more remarkable as the dean was a teacher of chemistry before studying medicine, and later became an internist. From his personal make-up there was to some degree some sensitivity in him. In spite of these three features he was deeply and vitality interested in people and looked beyond the symptoms into the person who was ill. He was capable of not only seeing a disease process, but even, he saw the person who had the illness. He felt as much had to be done for the person himself with the illness as with

the disease.

In coming to Howard University as Dean he soon noted that the education of our youths was grossly one-sided unless they could argue that physical ills could also produce mental ills and vice-versa. His first job therefore, as Dean was to start right away in building up this area. Thus, it was that in rebuilding or building the clinical area of the school the first area he started upon was neuro-psychiatry. In doing so he left nothing to chance. Never was a dean more diligent in seeing his teachers trained in doing what he wanted done. He thought I should know more medicine to interpret psychiatric disorders all the better. To an already full schedule I was advised to attend lectures on internal medicine at Columbia and Bellevue. Later he advised I take studies in endocrinology at Columbia under Drs. Timme and Pardec. If this was not enough, I was next at Eye Service (Wilmer Institute). He was not unmindful of research, so that I was assigned to Dr. Armando Ferrara, neuropathologist at Columbia, to study research models and designs and Dr. Paul Schilder, N.Y.U. for research techniques.

It was his idea we should build here a research library so that Negro scholars the world over would come here and study our patterns and design. He wanted all the research papers of the medical school to be preserved in one area, of Negroes in the United States in another area, and foreign Negroes in yet another area.

People the world over should be able to find out much about the Negro from us. We should be able to refute many statements made about Negroes more on a pseudo-scientific level. Propaganda to him could not be stopped by emotions but by scientific study. He recognized at the very outset that all the Negro needs was a chance. He stated that the Negro survived in a foreign culture and increased. To him it took intelligence to do this. Therefore, he saw no basis for the

Negro to apologize. His ancestry still not fully known had to be rich, and he often pointed to Toussaint L'Overture as what the Negroes could do. He felt, if more was known of the history of the Negro, he would be more independent and have far more pride in self and in his race. He viewed the medical school as only one of the many areas in which Negroes will be able to prove their talents. In music it was known for a long time. As a musician himself he was aware of this.

He wanted history, history, history. He felt Negroes did not write enough, that the experience of the Negro was equally fertile; but he did not like to write. This he planned to change eventually. Weekly we would have conferences or discussions on the Negro. Articles that dealt negatively with Negroes and Negro problems would often be discussed. Our conclusions, when mutually agreed to, were usually placed in his "black book."

He was concerned with the learning experience of the student, saw that what was needed was not an overwhelming amount of lectures, but a chance to learn and be motivated. He felt there was little difference in Negro and white as both are the result of this environment in being on top, the other, underneath, yet he felt Negroes will rise and continue to rise. He wanted teachers, therefore, who would be essentially interested in helping the Negro to rise.

Rarely a month passed that we did not meet and spend many hours in this sphere. He loved his race. He wanted action. I tried in a poor way to "carry on" the goals he set, but in my opinion with indifferent success.

As stated before when this man died, psychiatry died slowly. We must hope, nevertheless, that new resolve may give rise to a new resurgence to build. My biggest duty from now on is to pass on this mantle, this faith, this spirit that he left us. Such was Numa P.G. Adams.

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**DON'T FORGET THE N.M.A. SCHOLARSHIP FUND**